

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

P04514US0

First Named Inventor

THOMANN, KAREN S., et al.

**COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AUTOMATED WORKFLOW MEANS AND METHOD FOR PENSION PRODUCTS

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

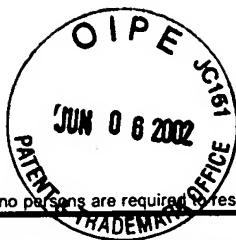
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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## DECLARATION — Utility or Design Patent Application

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Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) **KAREN S.**

Family Name  
or Surname **THOMANN**

Inventor's  
Signature

*Karen S. Thomann*

Date **2-13-02**

Residence: City **Urbandale**

State **Iowa**

Country **USA**

Citizenship **USA**

Mailing Address **4732 95th Street**

City **Urbandale**

State **Iowa**

ZIP **50322**

Country **USA**

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) **JOSEPH**

Family Name  
or Surname **MCCARTHY**

Inventor's  
Signature

Date

Residence: City **Waukee**

State **Iowa**

Country **USA**

Citizenship **USA**

Mailing Address **2859 Timerline Drive**

City **Waukee**

State **Iowa**

ZIP **50263**

Country **USA**

☒ Additional inventors are being named on the 7 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached h. reto.

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 9

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
MARY J.		CHIZEK	
Inventor's Signature <i>Mary J Chizek</i>		Date <i>2/18/02</i>	
Residence: City	Mason City	State	Iowa
Country	USA	Citizenship	USA
Mailing Address 1118 Crestmore Way			
Mailing Address			
City	Mason City	State	Iowa
ZIP	50401	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
SHERYL D.		BENEDICT	
Inventor's Signature		Date	
Residence: City	Truro	State	Iowa
Country	USA	Citizenship	
Mailing Address 1936 Shore Street			
Mailing Address			
City	Truro	State	Iowa
ZIP	50257-7601	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
RICHARD C.		JOHNSON	
Inventor's Signature		Date	
Residence: City	Ankeny	State	Iowa
Country	USA	Citizenship	
Mailing Address 722 N.E. 10th Street			
Mailing Address			
City	Ankeny	State	Iowa
ZIP	50021-4516	Country	USA

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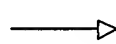
# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	THOMANN, KAREN S., et
Group Art Unit	
Examiner Name	
Attorney Docket Number	P04514US0

I hereby appoint:

☒ Practitioners at Customer Number

22885



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OR

☐ Practitioner(s) named below:

Name	Registration Number

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Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name	RICHARD C. JOHNSON
Signature	
Date	2/15/2002

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☒ \*Total of 21 forms are submitted.

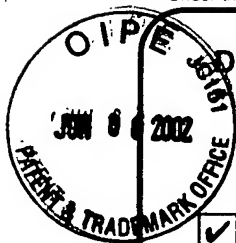
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 9

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
MARY J.		CHIZEK	
Inventor's Signature		Date	
Residence: City	Mason City	State	Iowa
Country	USA	Citizenship	
Mailing Address 1118 Crestmore Way			
Mailing Address			
City	Mason City	State	Iowa
ZIP	50401	Country	USA
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SHERYL D.		BENEDICT	
Inventor's Signature		Date	
Residence: City	Truro	State	Iowa
Country	USA	Citizenship	
Mailing Address 1936 Shore Street			
Mailing Address			
City	Truro	State	Iowa
ZIP	50257-7601	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
RICHARD C.		JOHNSON	
Inventor's Signature <i>Richard C. Johnson</i>		Date 2/15/2002	
Residence: City	Ankeny	State	Iowa
Country	USA	Citizenship USA	
Mailing Address 722 N.E. 10th Street			
Mailing Address			
City	Ankeny	State	Iowa
ZIP	50021-4516	Country	USA

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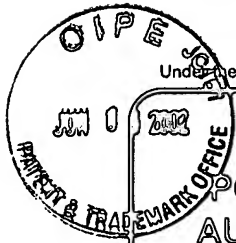
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Filing Date	
First Named Inventor	THOMANN, KAREN S., et.
Group Art Unit	
Examiner Name	
Attorney Docket Number	P04514US0

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Country

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I am the:

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	CARLA K. SEILER
Signature	
Date	2/15/2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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Name	THOMAS R. HOUGHTON
Signature	<i>Thomas R. Houghton</i>
Date	2/15/2002

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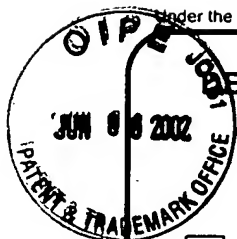
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## DECLARATION

### ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 5 of 9

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
CARLA K.		SEILER	
Inventor's Signature <i>Carla K. Seiler</i>		Date 2/15/2002	
Residence: City	Madrid	State	Iowa
Country	USA	Citizenship	USA
Mailing Address 614 West 1st Street			
Mailing Address			
City	Madrid	State	Iowa
ZIP	50156-1208	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
PAUL N.		DOUGLAS	
Inventor's Signature		Date	
Residence: City	West Des Moines	State	Iowa
Country	USA	Citizenship	
Mailing Address 317 24th Street			
Mailing Address			
City	West Des Moines	State	Iowa
ZIP	50265	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
THOMAS R.		HOUGHTON	
Inventor's Signature		Date	
Residence: City	Des Moines	State	Iowa
Country	USA	Citizenship	
Mailing Address 1638 Northwest Drive			
Mailing Address			
City	Des Moines	State	Iowa
ZIP	50310	Country	USA

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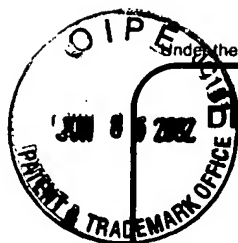
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Examiner Name	

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**AUTOMATED WORKFLOW MEANS AND METHOD FOR PENSION PRODUCTS**

*(Title of the Invention)*

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 5 of 9

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
CARLA K.		SEILER	
Inventor's Signature		Date	
Residence: City	Madrid	State	Iowa
Country	USA	Citizenship	
Mailing Address 614 West 1st Street			
Mailing Address			
City	Madrid	State	Iowa
ZIP	50156-1208	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
PAUL N.		DOUGLAS	
Inventor's Signature		Date	
Residence: City	West Des Moines	State	Iowa
Country	USA	Citizenship	
Mailing Address 317 24th Street			
Mailing Address			
City	West Des Moines	State	Iowa
ZIP	50265	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
THOMAS R.		HOUGHTON	
Inventor's Signature		Date	
Residence: City	Des Moines	State	Iowa
Country	USA	Citizenship	
Mailing Address 1638 Northwest Drive			
Mailing Address			
City	Des Moines	State	Iowa
ZIP	50310	Country	USA

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	P04514US0
First Named Inventor	THOMANN, KAREN S., et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Art Unit	
Examiner Name	

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>5</u> of <u>9</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
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Inventor's Signature		Date	
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PAUL N.		DOUGLAS	
Inventor's Signature		Date	
Residence: City	West Des Moines	State	Iowa
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Mailing Address 317 24th Street			
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THOMAS R.		HOUGHTON	
Inventor's Signature <i>Thomas R. Houghton</i>		Date 2/15/2002	
Residence: City	Des Moines	State	Iowa
Country	USA	Citizenship USA	
Mailing Address 1638 Northwest Drive			
Mailing Address			
City	Des Moines	State	Iowa
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